

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033916

FILED
Apr 24, 2009
Secretary of State

Entity Name: SCENTSATIONAL SOAPS & CANDLES, INC.

Current Principal Place of Business:

3439 TECHNOLOGY DR
SUITE 6
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

3439 TECHNOLOGY DR
SUITE 6
NORTH VENICE, FL 34275

New Mailing Address:

FEI Number: 04-3751680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

T&H COMPTROLLERS, INC.
200 CAPRI ISLES BLVD
SUITE 2
VENICE, FL 34292 US

Name and Address of New Registered Agent:

MORRISON, AMY
204 SAVONA WAY
NOKOMIS, FL 34275 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMY MORRISON

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, AMY
Address: 204 SAVONA WAY
City-St-Zip: NORTH VENICE, FL 34275

Title: D () Delete
Name: PIDORENKO, JOHN
Address: 716 WHITE PINE TREE ROAD
City-St-Zip: VENICE, FL 34292

Title: D (X) Delete
Name: PIDORENKO, CATHERINE
Address: 716 WHITE PINE TREE ROAD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRISON, AMY
Address: 204 SAVONA WAY
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Change () Addition
Name: PIDORENKO, CATHERINE
Address: 716 WHITE PINE TREE ROAD
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY MORRISON

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date